24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
House Majority PAC	C C00495028
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Check if 🔀 24-hour report 🗌 48-hour report 🗎 New report 🗌 Amends report filed	i on M M / D D / Y Y Y Y
Full Name of Payee Waterfront Strategies	Date of Public Distribution/Dissemination
Mailing Address 3050 K St NW	08 01 7 2014
Ste 100	Amount
City State Zip Code	36844.61
Washington DC 20007-5108	Transaction ID : VN7GD9THWF7 Date of Disbursement or Obligation
Purpose of Expenditure Television Advertising Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: X House District: 08
Stewart Mills Oppose	President Senate State: MN
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: X Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	36844.61
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	36844.61
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
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Signature	